

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H60296** (1)

1. Corporation Name
TROPICAL PLANT DESIGNS BY LISA, INC.

Principal Place of Business
**1807 N VICTORIA PARK RD.
P O BOX 7621
FT. LAUDERDALE FL 33305**

Mailing Address
**1807 N VICTORIA PARK RD.
P O BOX 7621
FT. LAUDERDALE FL 33305**

2. Principal Place of Business
21 State Apt # etc
22 City & State
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2a. Mailing Address
26 State Apt # etc
27 City & State
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/29/1985

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2553345

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has notations for minority tax under 15-227 (b)(1) Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
**HALL, LISA A.
1807 VICTORIA PARK RD.
FT. LAUDERDALE FL 33305**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P O Box Number is Not Applicable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.04(2), 607.04(3), and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.04(3), Florida Statutes.

SIGNATURE _____ By _____ Registered Agent (as required when the change is made)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**PS
HALL, LISA A.
1807 N VICTORIA PARK RD.
FT. LAUDERDALE FL**

15. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**VD
HALL, STEPHEN JOHN
1807 N VICTORIA PARK RD.
FT. LAUDERDALE FL**

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.02(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the recipient of another responsibility to provide this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report or on an attachment with an address.

SIGNATURE: **LISA A. HALL** **LISA A. HALL** **5-18-95** **(305) 525-1638**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR